

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

3

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 01/29/2008		2. CONTRACT NO. (If any) HHSN263999900844B		6. SHIP TO:		
3. ORDER NO. HHSN26100003		4. REQUISITION/REFERENCE NO. 369732		a. NAME OF CONSIGNEE Anoushah Shokouhi		
5. ISSUING OFFICE (Address correspondence to) National Institutes of Health National Cancer Institute Bethesda MD 20892-7511				b. STREET ADDRESS 2115 E. Jefferson St. Suite 6000/Rm 6014		
				c. CITY Rockville	d. STATE MD	e. ZIP CODE 20852
7. TO: ANNA MARIE SCOTT				f. SHIP VIA		
a. NAME OF CONTRACTOR BOOZ ALLEN & HAMILTON INC:1107242				8. TYPE OF ORDER		
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY		
c. STREET ADDRESS 8283 GREENSBORO DRIVE				REFERENCE YOUR: Proposal No. 01W2-0020 Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		
d. CITY MCLEAN		e. STATE VA	f. ZIP CODE 221023838	Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.		
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE Karri Mares 301-435-7774		
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination		
<input type="checkbox"/> a. SMALL <input type="checkbox"/> d. WOMEN-OWNED <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> e. HUBZone <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED						
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 03/29/2008		16. DISCOUNT TERMS PROMPT PAY
a. INSPECTION Destination		b. ACCEPTANCE Destination				
17. SCHEDULE (See reverse for Rejections)						
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	GSA Contract #: MULTIPLE SEE DESCRIPTION Admin Office: National Institutes of Health National Cancer Institute Bethesda MD 20892-7511 Continued ...					
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME		OFM				\$25,071.00
b. STREET ADDRESS (or P.O. Box)		2115 E Jefferson St MSC 8500 Suite 4B 432				
c. CITY Bethesda		d. STATE MD	e. ZIP CODE 20892-8500		\$25,071.00	17(j) GRAND TOTAL
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) PAMELA C. ROBBINS TITLE: CONTRACTING/ORDERING OFFICER		

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OPTIONAL FORM 347 (Rev. 3/2005)
Prescribed by GSA/FAR 48 CFR 53.213(e)

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE OF PAGES

3

3

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DATE OF ORDER

CONTRACT NO.

ORDER NO.

01/29/2008

HHSN263999900844B

HHSN26100003

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
1	<p>Period of Performance: 10/16/2006 to 02/29/2008</p> <p>caTissue ROI Study POP - 2 months from Date of Award Delivery To: 6014 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES</p> <p>Project Data: 120020.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS & INFORMATION.2512 MGMT PROF SPRT SVC OTHER.01/23/2008 Accounting Info: 08024920081DA0.2008.01.C100.HNC1D00000 C.E.00016.406.C283.2512.610001.9999.99 99.9999</p>				25,071.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))